MACIPA and Mount Auburn Hospital

- Managed care partners since 1985
- Long history of investment in systems and programs to manage costs
- Teaching level hospital care without the costs of a major academic medical center
- Systems established to prevent leakage to costlier hospital care
- Active and engaged leadership at hospital and IPA willing to partner with payers to achieve mutual goals
### MACIPA Membership Practice Statistics

<table>
<thead>
<tr>
<th>Practices</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPS (Hospital owned)</td>
<td>161</td>
</tr>
<tr>
<td>Private Practices</td>
<td>247</td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
<td>105</td>
</tr>
<tr>
<td>PCPs</td>
<td>94</td>
</tr>
<tr>
<td>Specialists</td>
<td>402</td>
</tr>
<tr>
<td>PCP/Specialist</td>
<td>17</td>
</tr>
</tbody>
</table>

**Total number of office sites:** 180
Contracting Model

- Development of budget based on prior years experience and expected trends
- Determine carve-outs, if any, e.g., out of area services
- Pay hospital and providers fee for service
- Annual reconciliation and settlement
- Services rendered by other providers paid at their contracted rates
Keys to Success

- Leadership
- PCP focus
- Education first with rewards before penalties
- Win/Win relationships between PCPs and Specialists and Mount Auburn Hospital
- Quality focus
- Data Driven
Obstacles for ACO Development

- Need for capital investment for infrastructure and IT before payouts
- Years before rewards are seen
- Need for reserves and reinsurance
- Tax implications
- Leadership void
- Getting to win/win with less funds available